

219489

**STATE OF SOUTH CAROLINA****(Caption of Case)**

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

**TRANSPORTATION COVER SHEET****DOCKET****NUMBER:**

2009. 413 .T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

**Submitted by:**

CSRA Medtravel LLC

**Telephone:**

(706) 726-9937

**Address:**

PO Box 5299

**Fax:**

1-888-712-2130

Augusta, GA 30916

**Other:****Email:**

anthony.05@comcast.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**NATURE OF ACTION (Check all that apply)**☐ Application – Class C Taxi☐ Application – Class C Charter☐ Application – Class C Charter Bus☒ Application – Class C Non-Emergency☐ Application – Class E Household Goods☐ Application – Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other:

RECEIVED

OCT 02 2009

PSC SC  
DOCKETING DEPT.

led

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

ATTN: DOCKETING DEPARTMENT

101 EXECUTIVE CENTER DRIVE

COLUMBIA, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

(Office # 803-896-5100)

(Fax # - 803-896-5199)

CLASS C - NON-EMERGENCY

DATE 10/01, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

CSRA MedTravel LLC.

2. (a) Street Address of Applicant 2703 Castletown Dr, Hepzibah, GA, 30815

(b) Mailing address, if different from street address PO Box 5299, Augusta, GA

30916

(c) Telephone Number (706) 726-9937

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

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DOCKETING DEPT.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:

Month 10 Year 09

**Assets:**

Cash	1,000
Receivables	0
Real Estate	
Buildings and Equipment (Net)	400
Motor Vehicles (Net)	1,200
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	0
Prepays and Other Assets	0
<b>Total Assets</b>	2,600
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
<b>Total Liabilities</b>	0
Capital Stock	0
Retained Earnings	0
<b>Total Equity</b>	0
<b>Total Liabilities and Equity</b>	0

**PROPOSED RATES AND CHARGES FOR SERVICE**Maximum Proposed Rates and Charges for Service are as follows:

Working with broker, whatever

the broker pays. \$1.50 per mile)

Counties to be Served:

State wide

Maximum Number of Passengers per Vehicle:

5

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

CSRA Medtravel LLC

Name of Motor Carrier

PO Box 5299

Augusta, GA 30916

Address of Motor Carrier

**Amount of Premium:**

Liability Insurance \$ 1,000,000

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	\$ 1,000,000
Medical Payments per Person	\$ 1,000	\$ 5,000

National Insurance Services, LLC.

Name of Insurance Company

700 Galleria Parkway, Ste# 355 Atlanta, GA 30339

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10/1/09  
Date

[Signature]  
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Exhibit FWACSRA MedTravel LLC  
Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No



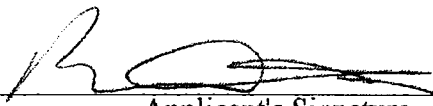
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

Aiken

  
Applicant's Signature

I,


Roosevelt Anthony III  
Name of Applicant's Representative

owner  
Title

of

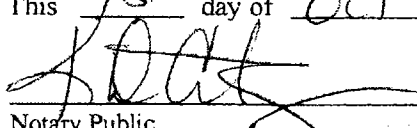
CSRA MedTravel LLC.  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 1<sup>st</sup> day of Oct, 2009

  
Notary Public

Commission Expires Oct 24, 2010

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Authorization**

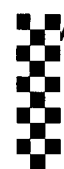
**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

CSRA MEDTRAVEL LLC., A Limited Liability Company duly organized under the laws of the State of GEORGIA, and issued a certificate of authority to transact business in South Carolina on September 29th, 2009, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the  
State of South Carolina this 1st day of October,  
2009

A handwritten signature of Mark Hammond in black ink, written over a horizontal line.

Mark Hammond, Secretary of State



# Fax

**To:** (SC) Public service commission

**From:** MyFax CSRA MEDTRAVEL LLC.

**Fax:** 18038965199

**Pages:** 4

**Re:**

**Date:** Oct 02, 2009

**Urgent**

**For Review**

**Please  
Comment**

**Please Reply**

**For  
Information**

● **Comments:**

contact Roosevelt Anthony 706-726-9937